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Headquarters, U S Army Medical Command  
Operation Directorate, Plans Division  
2050 Worth Road  
Fort Sam Houston, TX 78234-6007

## OPERATIONS ORDER \_\_\_\_\_ FOR THE SUPPORT OF OIF2 and OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM (GWOT) (U)

### (U) REFERENCES:

- a. (U) SECDEF Memo 20 Sep 01, Mobilization/Demobilization Personnel and Pay Policy for Reserve Component Members Ordered to Active Duty in Response to the World Trade Center and Pentagon Attacks.
- b. (U) SECDEF Msg 131954Z Sep 01, ATSD-PA/DPL, Subject: Public Affairs Guidance (PAG) for Partial Mobilization of Reserve and National Guard.
- c. (U) Memorandum, ASA MRA, Subject: Medically Disqualified Soldiers, dated 24 Oct 03.
- d. (U) DA Msg 220125Z Jan 03, Modification of Army Rotation Policy.
- e. (U) HQDA OPORD 04-01, 24 Nov 03.
- f. (U) FRAGO # 1 to HQDA OPORD 04-01, 1 Dec 03.
- g. (U) FRAGO # 2 to HQDA OPORD 04-01, 6 Dec 03.
- h. (U) FORSCOM Mobilization and Deployment System (FORMDEPS), 15 June 1988.
- i. (U) MEDCOM Regulation 500-5 through 500-5-10, the U.S. Army Medical Command Mobilization Planning System, 8 December 1997.
- j. (U) PPG Web Page: <http://www.odcsper.army.mil/default.asp?pageid=37f>.

### 1. (U) SITUATION:

- a. (U) General:

(1) (FOUO)The Army is at war and will continue to support the Global War on Terrorism (GWOT) in the foreseeable future. The Army is preparing to enter one of the most demanding periods in its modern history as it deploys forces to support Operation Iraqi Freedom 2 (OIF2) and Operation Enduring Freedom 5 (OEF5). Eight of ten active

## UNCLASSIFIED

component (AC) divisions will be on the move between January and May 2004. Tens of thousands of reserve component (RC) soldiers will mobilize in addition to the approximately 130,000 RC soldiers currently serving on active duty. The Army rotation policy plans for Army forces currently in place in the theaters to redeploy to their home locations following deployment and arrival of replacement forces from the U.S. and coalition forces.

(2) (U) The MEDCOM will be prepared to provide assistance to rotational forces scheduled to deploy to the theater of operations to ensure units meet readiness and validation criteria prior to deployment.

b. (U) Enemy Forces: Not applicable.

c. (U) Friendly Forces: U.S. and coalition forces.

**2. (U) MISSION.** The MEDCOM will provide mobilization and deployment support to all Components of the Army during the GWOT to ensure medical readiness and deployment criteria and standards are met. Assistance will be provided at Army installations and the RC unit's home station in the areas of medical logistics, personnel, training, individual medical readiness, quality assurance, medical soldier readiness processing, and unit validation.

### **3. (U) EXECUTION:**

a. (U) Concept of Operation:

(1) (U) The MEDCOM will provide medical assets and consultations to the installation Soldier Readiness Processing (SRP) sites to support medical readiness SRP functions for mobilization, deployment, and redeployment of all components of the Army. The MEDCOM will continue to provide Professional Filler Personnel (PROFIS) to the deployed and deploying Army forces.

(2) (U) Medical Support Units (MSU) have been extended through the middle of June 2004 to provide SRP augmentation and support. The MSUs will begin out-processing for REFRAD in early May 2004. Long term plans for CONUS Base Support (CSB) support must shift to resources other than mobilized Reserve Components (e.g. contracts, civilian employees, etc.) because the availability of these units is rapidly being exhausted due to reaching the 24-month threshold.

(3) (U) MEDCOM will manage the execution of the 90-day boots on the ground (BOG) program. Personnel will be monitored and replacement personnel scheduled by MEDCOM and coordinated with FORSCOM, USARC, NGB, and Human Resource Command (HRC).

(4) (U) The MEDCOM, in coordination with the Regional Medical Commands (RMC), will develop and provide Deployment Assistance Teams (DAT) to U.S. Army Reserve (USAR) and Army National Guard (ARNG) units identified for mobilization and

## UNCLASSIFIED

deployment in support of on-going operations in the GWOT. The teams will visit the RC units at their home station and training sites to assist in the areas of medical logistics, personnel, individual medical readiness, training, and quality assurance to ensure the RC units meet readiness and deployment criteria.

(5) (U) The MEDCOM will continue to support the GWOT through combating terrorism, critical infrastructure protection (CIP), military support to civilian authorities (MSCA), military assistance to civilian authorities, and the chemical, biological, nuclear, high yield explosives (CBRNE) defense program, thereby ensuring U.S. war fighting capabilities worldwide. This supports installation preparedness functions (i.e., emergency response, combating terrorism, and CIP). The CBRNE program protects military missions and personnel and is defensive.

(6) (U) Reserve Component soldiers who arrive at the mobilization station and are determined to be not medically deployable will be released from active duty (REFRAD) not later than 25 days following mobilization in accordance with the PPG and reference d.

(7) (U) Soldiers who incur or aggravate an injury, illness, or disease in the line of duty, require medical care for more than 30 days, and cannot perform their AOC/MOS duties, even with a profile may be placed on Active Duty Medical Extension (ADME).

(a) (U) Eligible soldiers will stay on current contingency/mobilization orders until orders self terminates, at which time soldiers may apply for ADME. A line of duty (LOD) determination is required to be submitted with the ADME request. A soldier on ADME may be attached to the treating MTF Medical Holding Company, or attached to an RC Command and Control element overseeing the soldier's care. Mobilized RC soldiers who require retention beyond their unit's REFRAD date may be extended on active duty under proper Title 10 authority.

(b) (U) If the soldier can perform his/her military duties, but the ability to return to civilian occupation is impaired, the incapacitation pay (INCAP) option should be considered. Eligible soldiers may apply for INCAP pay through their RC unit. While receiving INCAP pay, the soldier is under command and control of his/her RC unit of assignment.

(8) (U) Department of the Army civilians and contractors will be processed for deployment / redeployment in accordance with Annex E of the PPG.

(9) (U) The MEDCOM will also support the PPPs/PSPs and Armies by providing personnel as required to augment the installation validation teams.

(10) (U) (10) Medical Treatment Facilities (MTF) supporting CONUS SRP sites will not duplicate the Post Deployment Health Assessment (PDHA)(DD Form 2796) on redeploying soldiers if they have a legible copy of the PDHA completed in theater

## UNCLASSIFIED

(paper or Smart Card). Legible copies will be printed from redeploying soldier's Smart Cards and copies of these forms will be posted to their permanent health records. Redeployment sites will collect all Smart Cards and send them to USAMITC, ATTN: PDHA Coordinator, 2108 9<sup>th</sup> Street, Bay B, Door K, Ft. Sam Houston, TX 78232.

b. (U) Tasks:

(1) (U) MEDCOM Assistant Chief of Staff, Operations:

(a) (U) Primary staff element for plan and execution coordination.

(b) (U) Overall control of plan execution

(c) (U) Monitors all aspects of this plan to ensure effective and successful accomplishment of all assigned tasks.

(2) (U) MEDCOM Plans Division, Operations Directorate:

(a) (U) The Plans Division will coordinate and develop the GWOT Operations Order (OPORD) taking into consideration the continental U.S. (CONUS) contingency plans, rotational units, time frames, and PPPs/PSPs supporting the mobilization and deployments.

(b) (U) Provide guidance and processing of all unit and individual requests for medical/dental CONUS Sustaining Base support RC activation.

(c) (U) Coordinate with the MEDCOM Operations Division for the OPORD execution.

(3) (U) MEDCOM Operations Division, Directorate of Operations.

(a) (U) The Operations Division will execute and monitor the OPORDs implementation, to include coordinating visits and accumulating and distributing after action reports.

(b) (U) The Operations Division will coordinate and manage the 90-day boots on the ground (BOG).

(c) (U) Provide oversight of the automated PDHA process, and implementation of an automated pre-deployment health assessment system.

(4) (U) MEDCOM Assistant Chief of Staff, Health Policy & Services (ACSHP&S):

(a) (U) Provide analysis of medical backfill and medical CONUS sustaining base reserve component packages in coordination with the Plans Division.

## UNCLASSIFIED

(b) (U) Monitor quality assurance, especially the status of the provider credentials file.

(c) (U) Credentialing and privileging of health care providers will be in accordance with current Army regulations and the PPG.

(d) (U) Monitor the status of medical holdover (MHO). Review and analyze the MHO statistical information received from subordinate activities.

(e) (U) Train medical personnel to conduct medical surveillance reporting on MC4 systems in order to quickly integrate into the theater.

(5) (U) MEDCOM Assistant Chief of Staff, Personnel (ACSPER):

(a) (U) Provide Professional Filler System (PROFIS) personnel as required. Replacements for PROFIS will be in accordance with published policies, PPG, and MILPER Messages.

(b) (U) Monitor and provide policy and guidance on AMEDD cross leveling.

(c) (U) Provide quick response to taskings for medical personnel requirements in support of demobilization efforts.

(6) (U) MEDCOM Assistant Chief of Staff, Logistics (ACSLOG):

(a) (U) Responsible for the logistical support of this plan.

(b) (U) Identify medical equipment shortfalls within deploying units.

(c) (U) Develop Selective Modernization / Selective Augmentation requirements for GWOT units that will not fall in on previously issued equipment for presentation to the ASPB.

(d) (U) Coordinate with FORSCOM to schedule fielding and new equipment training NET) of equipment approved by the ASPB.

(e) (U) Medical equipment sets (MES) for units other than those falling in on stay behind equipment (SBE) will be brought up to the current unit assemblage (UA) baseline before deployment. Service controlled items (AAC "A") will be provided by DASG through USAMRMC/USAMMA. Units will requisition other MES shortages through their supporting installation medical supply activity (IMSA).

(f) (U) Provide training to medical supply personnel in deploying units.

(7) (U) MEDCOM Assistant Chief of Staff, Information Management Division (ACSIMD).

## UNCLASSIFIED

(a) (U) Coordinate with the Medical Communications for Combat Casualty Care (MC4) for NET training of all units falling in on MC4 equipment in theater provided by the ASPB.

(b) (U) Coordinate with the CFLCC, CJTF7, and CENTCOM for continued communications in theater.

(c) (U) Coordinate with theater surgeons for the development of new Information Management / Information Technology (IM/IT) in theater (i.e. CHCS1 and CHCS NT.)

(d) (U) Assist theater surgeons with the development of their Operational Needs Statement to articulate any new IM/IT requirements through the ASPB.

(8) (U) MEDCOM Reserve Affairs, Operations Directorate: Provide or coordinate the personnel for the Red Teams to assist and validate RC units.

(9) (U) AMEDD Center and School (AMEDDCS).

(a) (U) Be prepared to expand the medical training base to meet mobilizing / deploying unit training needs as required.

(b) (U) Collect AMEDD lessons learned from OEF and OIF. Assess lessons learned and provide recommendations to implement changes as required.

(10) (U) Regional Medical Commands.

(a) (U) Monitor medical/dental mobilization and deployment operations at all sites in their region. RMC Commanders will ensure adequate resources are available for subordinate commanders via the management of regional personnel and logistical assets as required.

(b) (U) Maintain close coordination with the host installation staff regarding the arrival of mobilizing soldiers. Shortfalls/concerns that impair medical/dental mobilization and deployment processing must be communicated to HQ, MEDCOM at the earliest date and time.

(c) (U) Ensure health care providers mobilizing and deploying with the RMC's area of responsibility have their credentials packets reviewed and they are privileged by the appropriate MTF.

(d) (U) Manage and provide support to medical treatment facilities (MTF) to expedite the disposition of MHO.

(e) (U) Be prepared to develop a backfill plan, utilizing wartrace aligned TDA units, to backfill PROFIS losses to deploying units. A detailed listing of PROFIS losses

## UNCLASSIFIED

will be provided once the Time Phased Force development Data (TPFDD) is published. Detailed instructions for developing the backfill plan will be published in a MEDCOM Plans Division Fragmentary Order (FRAGORD) to follow this order.

(11) (U) U.S. Army Dental Command (DENCOM).

(a) (U) Monitor dental mobilization and deployment operations at all sites. DENCOM will ensure adequate resources are available for subordinate commanders via the management of regional personnel and logistical assets as required.

(b) (U) Maintain close coordination with the host installation staff regarding the arrival of mobilizing soldiers. Shortfalls/concerns that impair dental mobilization and deployment processing must be communicated to HQ, MEDCOM at the earliest date and time.

(c) (U) Provide support to dental treatment facilities to expedite the disposition of dental holdovers.

(d) (U) Manage dental mobilizations and demobilizations to meet requirements as stated on DENCOM web page, [www.dencom.army.mil](http://www.dencom.army.mil), Command Section, Subsections (1) mobilization dental requirements (2) demobilization dental requirements.

(12) (U) Medical Treatment Facilities.

(a) (U) Medical treatment facilities are required to review the credential packets and provide privileging of all deploying medical providers whether deploying as an individual or as a member of a deploying unit.

(b) (U) Pre-Deployment Health Assessments (DD Form 2795) will be completed no more than 30 days before deployment. Post-Deployment Health Assessments (DD Form 2796) will be completed in theater ideally within 5 days, and not more than 30 days, before departure from theater. For personnel unable to complete Post-Deployment Health Assessments in theater, the DD Form 2796 will be completed at deployment platforms prior to demobilization. Post-Deployment Health Assessments will not be duplicated on redeploying soldiers if they have already completed one in theater and have a legible copy (paper and/or Smart Card). Legible copies will be printed from redeploying soldier's Smart Cards and copies of these forms will be posted to their permanent health records. Redeployment sites will collect all Smart Cards and send them to: USAMITC, ATTN: PDHA Program Manager, 2108 9th Street, BLDG:4190, BAY-B, DOOR K, Fort Sam Houston, TX, 78234. Pre- and Post-Deployment Health Assessments should be completed electronically via available internet ([www.mods.army.mil](http://www.mods.army.mil)) and stand-alone (Remote Information Data Entry System – RIDES) tools. Completion of these forms electronically provides a higher level of accuracy and processing than completing by paper. When Pre- and Post-deployment health assessments are not digitally processed and electronically transferred, copies will

## UNCLASSIFIED

be mailed to the Army Medical Surveillance Activity and units will maintain a paper file copy in a central location until receipt at AMSA is verified.

(c) ) (U) The Medical Protection System (MEDPROS) Individual Medical Readiness (IMR) module is the HQDA and OTSG designated system for documenting all aspects of soldier medical readiness. Units will enter all appropriate data and vaccines administered to personnel participating in these operations into MEDPROS. Mobilization station medical sites and Soldier Readiness Program (SRP) medical stations will employ MEDPROS IMR to validate and document all appropriate medical fields. Units unable to access MEDPROS at [www.mods.army.mil](http://www.mods.army.mil) should call the MODS Help Desk; CONUS dial DSN 761-4976, Commercial (703) 681-4976, or Toll Free (888) 849-4341; in Germany dial DSN 312-761-4976 or Commercial 0-130-82-9549; in Korea dial DSN 315-737-4004 or Commercial 011-822-7917-4004.

(d) (U) The MTF's Preventive Medicine Activities will evaluate living conditions at mobilization stations, and provide consultation and advise to commanders in order to reduce the spread of infectious diseases.

(e) (U) The MTFs supporting SRP sites will provide a by name report of all personnel processed through the SRP site for both mobilizing and redeploying soldiers.

(f) (U) The MTFs will provide a by name report of non-deployable soldiers that are returned to the RC unit's home station.

(g) (U) The MTF will provide a by name listing of all soldiers who are required to recomplete the PDHA.

(h) (U) MTFs will notify RC RMC liaisons when a RC soldier is admitted or enters a medical holdover status at their facility.

### c. (U) Coordinating Instructions

(1) (U) Coordination for scheduling assistance visits to USAR units will be through the U.S. Army Reserve Command (USARC).

(2) (U) Coordination for scheduling assistance visits to ARNG units will be through the National Guard Bureau (NGB) and the State Adjutant General (TAG).

(3) (U) All MEDCOM staff elements will support deployment assistance teams with personnel or technical expertise.

## 4. (U) ADMINISTRATION AND LOGISTICS:

a. (U) Administration: Administrative guidance is contained in the Annexes of this plan.

## UNCLASSIFIED

b. (U) Logistics: See ANNEX E.

### 5. (U) COMMAND AND SIGNAL:

a. (U) Command:

(1) (U) MEDCOM Health Care Operations is responsible for the overall direction and coordination of the medical/dental mobilization and deployment processing.

(2) (U) The OTSG/MEDCOM staff directors will continue to provide detailed guidance and direction to subordinate elements with respect to mobilization and deployment in their specific functional area.

(3) (U) The MEDCOM Emergency Operations Center (EOC) will function as the communications center for all mobilization and deployment processing matters.

b. (U) Signal:

(1) (U) All communications concerning this plan and its execution will reference the short title OIF2 and OIF 5 GWOT Support Plan.

(2) (U) Maximum use will be made of secure voice and electronic communications networks when appropriate.

(3) (U) Unclassified communications will be conducted with commercial phones, e-mail and fax.

(4) (U) All classified communications will be conducted using secure phones and FAX VIA STU III or STE. All secure electronic mail communications will be handled VIA SIPRNET and Global Command and Control System (GCCS) in priority.

(5) (U) Medical Readiness Indicators and SRP information will be completed and documented in MEDPORS IAW DA OPORD 04-01 and the PPG.

ACKNOWLEDGE:

PEAKE  
LTG

OFFICIAL:  
COL CROOK  
Dir, Healthcare Operations

# UNCLASSIFIED

## ANNEXES:

- A - Medical Holdover Operations
- B - TPU/IMA Volunteer Extensions
- C - Reserve Affairs
- D - Glossary and Definitions
- E - Service Support
- F - Thru Y. To be published as required
- Z – DISTRIBUTION

## UNCLASSIFIED

### ANNEX A (MEDICAL HOLDOVER OPERATIONS) TO OPERATIONS ORDER \_\_\_\_\_ FOR THE SUPPORT OF OIF2 and OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM (GWOT) (U)

1. (U) Situation. (See Paragraph 1 of basic plan)
2. (U) Mission. The US Army Medical Command (MEDCOM) conducts medical holdover operations to expeditiously and effectively evaluate, treat, return to duty, and/or administratively process out of the Army and refer to the appropriate follow-on health care system Reserve Component (RC) soldiers with an injury or illness identified while mobilized.
3. (U) Execution.
  - a. (U) Concept of Operations.
    - (1) (U) FORSCOM is designated as the executing agent for the CBHCO program. The Surgeon General retains authority to execute Title X responsibilities regarding health care delivery and DHP funds.
    - (2) (U) Soldiers with medical related issues will be carried in a medical holdover status and assigned to the Garrison Support Unit (GSU) or similar administrative Command and Control organization. Soldiers medically evacuated and treated as inpatients will remain in a MEDCOM medical holdover company until released to home station or GSU and treated and as an outpatient.
    - (3) (U) MEDCOM will perform medical evaluations and make decisions treatment and locations where the treatment will be provided. The MEDCOM will provide technical supervision and quality control of all medical aspects of the MHO operations.
    - (4) (U) Soldiers should be considered for return to the Direct Care System when their medical condition cannot be appropriately treated through the health care providers available in the CBHCO catchment area, any soldier not making appropriate medical progress, and soldiers proven to be unreliable in keeping medical appointments and/or reporting to assigned place of duty.
    - (5) (U) Soldiers will receive optimal medical care before and during the final determination of fitness for duty. The MEDCOM will provide quality medical care, and will speedily and compassionately administratively process the soldiers who will leave the Army.
  - b. (U) Tasks.
    - (1) (U) ASG/DCS Force Projection.

## UNCLASSIFIED

(a) (U) Assume responsibility for all medical policy and support associated with MHO operations to include screening, referral, treatment, tracking, and follow-up.

(b) (U) Maximize throughput capacity at MTFs by increasing staffing, temporarily shifting resources, and effectively utilizing a combination of resources to improve access to health care and to reduce the time soldiers spend in a MHO status.

(2) ACS, Operations.

(a) (U) Prepare, coordinate, and deliver training, in coordination with Chief, National Guard Bureau (CNGB); Chief Army Reserve (CAR); and HRC, for critical positions in CBHCO and approval authority for CBHCO program of instruction (POI). Develop the POI by 6 February, in coordination with CNGB and CAR, to ensure all required training is executed prior to program implementation on 1 March 2004. Training will include finance and personnel management and strength accounting procedures provided to key personnel at CBHCO sites.

(b) Receive and consolidate feeder reports from FORSCOM for MHO soldiers serviced by CBHCO.

(3) (U) ACS, HP&S.

(a) (U) Establish medical decision criteria, make individual evaluations and decisions on type and location of medical treatment for MHO soldiers. Assist FORSCOM in developing eligibility criteria for attaching MHO soldiers to CBHCO. As a minimum, eligibility criteria will consist of medical criteria developed by OTSG/MEDCOM.

(b) (U) Provide overall technical supervision and quality control over all medical aspects of MHO operations.

(c) (U) Coordinate with other Department of Defense Services to maximize access to care and utilization of MTF and personnel.

(d) (U) Coordinate with the Department of Veterans Affairs for access to care and utilization of capabilities.

(e) (U) Coordinate with the TRICARE Management Activity for network and non-network access to care and utilization of services.

(f) (U) Develop procedures, in coordination with FORSCOM; IMA; and HRC, which provide visibility and accountability of personnel dispositioned to CBHCO.

(g) (U) Establish technical procedures to conduct quality assurance (QA) review of the CNHCO program, to include the MEB and physical evaluation Board Liaison Officer (PEBLO) functions.

## UNCLASSIFIED

(h) (U) Support FORSCOM by participating in on site certification process of CBHCO locations, ensuring the sites are mission ready before accepting soldiers.

(i) (U) Coordinate with and assist the Installation Management Agency (IMA) in developing procedures for transfer of MHO soldiers from the active army installation command and control element to CBHCO.

(j) (U) Analyze and report on feeder reports from FORSCOM for MHO soldiers serviced by CBHCO.

(4) (U) Regional Medical Commands.

(a) (U) Regional Medical Command's will report on the capability to execute CBHCO in accordance with established timeline.

(b) (U) Regional Medical Commands will report when the capacity is exceeded at Army installations, MTFs, or CHHCO

c. (U) Coordinating Instructions.

(1) (U) Medical Operational data Systems (MODS), when fully fielded to all MHO operational sites, will be the single source for reporting the number of soldiers in MHO status. The MHO/ADME module is accessed from the MODS personnel home page at [WWW.MODS.Army.Mil/Personnel](http://WWW.MODS.Army.Mil/Personnel).

(2) (U) Personnel in support of MHO operations will be trained in the use of designated medical systems.

(3) (U) Medical criteria for disposition/transfer of MHO soldiers will be published separately by OTSG

(4) (U) Reporting requirements to HQDA and MEDCOM/OTSG will be weekly in a format to be published.

(5) (U) Media inquiries should be directed to LTC Kevin Curry, Office of the Chief of Public Affairs, 703-697-5667.

4. (U) Administration/Logistics. See paragraph 4 of basic plan.

5. (U) Command and Signal. No change.

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### ANNEX B (TPU/IMA VOLUNTEER EXTENSIONS) TO OPERATIONS ORDER FOR THE SUPPORT OF OIF2 AND OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM

1. (U) Situation. (See Paragraph 1 of basic plan)
2. (U) Mission. The US Army Medical Command executes volunteer extensions, based upon the operational needs of the Army, for Medical Support Unit (MSU) personnel, Blood Donor unit personnel, remissioned personnel, Physician Assistants (PA) mobilized in support of the Deployment Cycle Support (DCS) and personnel mobilized as backfill to PROFIS losses.
3. (U) Execution.
  - a. (U) Concept of Operations.

(1) (U) In accordance with the PPG published by the DA G-1, RC personnel mobilized under the constraints of a partial mobilization, involuntarily ordered to active duty for a period of 12 months, can be extended either involuntarily or voluntarily, up to a total of 24 months at the discretion of the Secretary of the Army based upon the operational needs of the Army. All volunteer extension requests must be forwarded to MEDCOM Mobilization Branch. FORSCOM, as the Force Provider, will validate the package and forward to HQDA. All extension requests are reviewed and approved by the Assistant Secretary of the Army, Manpower and Reserve Affairs (ASA-M&RA).

(2) (U) Reserve Component personnel eligible to voluntarily extend include MSU personnel, Blood Donor unit personnel, PA's mobilized in support of the DCS, remissioned personnel from the 111th Area Support Medical Battalion (ASMB), 396th Combat Support Hospital (CSH) and the 452nd CSH, and personnel mobilized to backfill PROFIS losses for OIF/OEF. Volunteer extensions will not be considered for individuals mobilized in support of Serbian Force/Kosovo Force (SFOR/KFOR) or other missions not related to OIF/OEF. Volunteer extensions for individuals on Continental US Temporary Tours of Active Duty (COTTAD) will continue to be processed through the MEDCOM Reserve Augmentation Mobilization Cell (RAM CELL).

(3) (U) A preliminary roster of volunteers will be submitted to the MEDCOM in accordance with tasking to be determined. Format is in accordance with Appendix 1, this annex. The RMC's will ensure that all personnel on this roster have been entered into the Backfill Module in MODS and that the information, to include the Derivative Unit Identification Code (DUIC), is correct. Incorrect data will be returned without action. Health Policy and Services (HP&S) will review the roster to determine if the AOC/MOS is required within the specific MTF or within MEDCOM.

(4) (U) Once specific AOCs/MOSs have been validated by HP&S the RMC's will submit the following documents NLT 110 days prior to the individual's REFRAD date:

## UNCLASSIFIED

(a) (U) Spreadsheet (Appendix 1) rolled up by MTF, forwarded through the RMC to the MEDCOM Mobilization Branch via e-mail or fax.

(b) (U) Volunteer Statement (Appendix 2) Signed by the individual who is volunteering to extend and signed by the MTF commander, see Appendix 2.

(c) (U) Waiver to the 30-day notice (Appendix 3) Signed by the individual waiving 30-day notification, see Appendix 3.

(d) (U) Letter of Justification - Signed by the MTF commander and endorsed by the RMC commander. The justification must explain, in detail, why the individual is required and the consequences to the MTF if the individual is not extended. More than one individual may be included in the justification but the justification must address each individual requirement.

(e) (U) (U) Volunteer extensions for Physicians, Dentists, Nurse Anesthetists, beyond 90 days but under 365 days, will be in accordance with procedures outlined in the PPG (Base Document) which can be found at: <http://www.armyg1.army.mil/default.asp?pageid=37>. Physicians, Dentists, and Nurse Anesthetists who volunteer to extend beyond 365 days will be processed in accordance with Annex.

b. (U) Tasks. NA.

c. (U) Coordinating Instructions. Reporting requirements will be in accordance with MEDCOM guidance to be published.

4. (U) Administration/Logistics. See paragraph 4 of basic plan.

5. (U) Command and Signal. No change.



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APPENDIX 2 (EXTENSION STATEMENT) TO ANNEX B (TPU/IMA VOLUNTEER EXTENSIONS) TO OPERATIONS ORDER FOR THE SUPPORT OF OIF2 AND OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM

DATE: April 15, 2003

SUBJECT: Volunteer To Extend, LTC John Doe, 123-45-6789

1. I, \_\_\_\_\_, volunteer to extend my current mobilization for a period of 365 days to begin on or about May 1, 2003.
2. This extension will not cause me any undue personal, employment, or financial hardship.
3. I may be reached at (919) 477-0715, or [john.doe@att.net](mailto:john.doe@att.net).

JOHN DOE  
LTC, IN, USAR

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APPENDIX 3 (VOLUNTEER WAIVER STATEMENT) TO ANNEX B (TPU/IMA  
VOLUNTEER EXTENSIONS) TO OPERATIONS ORDER FOR THE SUPPORT OF  
OIF2 AND OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM

DATE: April 15, 2003

SUBJECT: Volunteer/Waiver Statement, LTC John Doe, 123-45-6789

4. I, \_\_\_\_\_, volunteer for mobilization to active duty for a period of 365 days to begin on or about May 1, 2003.
5. I hereby waive the normal 30-day notification period for activation, and certify that mobilization within the thirty-day window will not cause me any undue personal, employment, or financial hardship.
6. I may be reached at (919) 477-0715, or [john.doe@att.net](mailto:john.doe@att.net).

JOHN DOE  
LTC, IN, USAR

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### ANNEX C (RESERVE AFFAIRS) TO OPERATIONS ORDER \_\_\_\_\_ FOR THE SUPPORT OF OIF2 and OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM (GWOT) (U)

1. (U) Situation. (See paragraph 1 of basic plan)
2. (U) Mission. (See paragraph 2 of basic plan)
3. (U) Execution.
  - a. (U) Concept of Operations. Provide Medical Deployment Assistance Teams (DAT) to assist mobilizing reserve Component (RC) units in the areas of medical readiness including personnel, logistics, health care provider credentialing and privileging, and individual medical readiness.
  - b. (U) Tasks.
    - (1) (U) Preparation prior to the assistance visit.
      - (a) (U) Coordinate with 1<sup>st</sup> and 5<sup>th</sup> Army, USARC/NGB, STARC/RRC, TSB, BDE, MEDCOM Operations, Reserve Affairs OTSG.
      - (b) (U) Review unit USR and most recent TAM to determine status.
      - (c) (U) Pull MEDPROS Data.
      - (d) (U) Review CDA for entries.
      - (e) (U) Verify CCQAS entries.
      - (f) (U) Review equipment shortage ANNEX.
      - (g) (U) Inquire on inventory of medical SKO.
      - (h) (U) Determine Optical Insert requirements.
      - (i) (U) Review UMR, Battle Roster, and Manifest.
      - (j) (U) Obtain Unit Commander's name, phone number and email address.
    - (2) (U) Guidance of unit mobilization process.
      - (a) (U) Complete coordination process.
      - (b) (U) Collect data specific to unit to be visited.

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(c) (U) Coordinate Assistance Team visit date and time with unit commanders and personnel as required.

(d) (U) Perform assistance visit and follow-up as needed.

(e) (U) Complete AAR within one week of visit.

(f) (U) Review of AAR by Team Chief.

(g) (U) Forward AAR to Division Deputy Chief, Chief Reserve Affairs, Plans/Mob Chief.

(3) (U) Credentialing and Privileging.

(a) (U) Ensure credentialing issues are worked.

(b) (U) Privileging: All providers must be privileged to perform care in any civilian as well as military institution. MTF/MEDCEN will ensure soldiers are privileged.

(4) (U) MEDPROS ENTRIES. The Department of the Army has directed MEDPROS for use. Unit personnel need capability for information entry. The MODS help line provide information and answer application questions at (703) 645-0420.

(5) (U) Training Plans / Issues.

(a) (U) Establish unit and staff training requirements with which they need assistance.

(b) (U) Check DMOSQ against what the Personnel shop has on the UMR.

(6) (U) Medical SRP Areas.

(a) (U) Profiles: Impress upon the unit that personnel with temporary profiles should not be allowed to go to the mobilization site. Permanent profiles must have either a completed MEB or have a waiver from the National Guard or USAR surgeon. Those who do not have one of these two items will not be allowed to go with unit to mobilization station. Recommend that the unit commander have the medical issues reviewed by a unit physician and the personal issues reviewed by the chaplain.

(b) (U) Physicals and dental exams. Review the records. If a physical, panorex or dental work is required, show the unit how to make arrangements to utilize the FEDS HEAL process.

(c) (U) Immunizations: Help arrange to get as many immunizations as possible while at home station.

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(d) (U) Make sure that the transportation requirements of the unit are accomplished. This is for: Troops, equipment, subsistence, push packets, etc.

(e) (U) OCIE and weapons. Verify theater requirements, and provide the information to the unit commander and logistics.

4. (U) Administration/Logistics. See paragraph 4 of basic plan.

5. (U) Command and Signal: No Change.

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ANNEX D (GLOSSARY AND DEFINITIONS) TO OPERATIONS ORDER \_\_\_\_\_ FOR THE SUPPORT OF OIF2 and OEF5 SUPPORTING THE GLOBAL WAR ON TERRORISM (GWOT) (U)

1. Purpose. To provide a list of Acronyms and definitions used within this plan.

ACRONYMS

- AC ..... Active Component
- ACSHP&S ..... Assistant Chief of Staff, Health Policy and Services
- ACSLOG ..... Assistant Chief of Staff, Logistics
- ACSOPS ..... Assistant Chief of Staff, Operations
- ACSPER ..... Assistant Chief of Staff, Personnel
- AD ..... Active Duty
- ADME ..... Active Duty Medical Extension
- AMEDD ..... Army Medical Department
- AMEDDCS ..... Army Medical Department Center and School
- AOC ..... Area of Concentration
- ARNG ..... Army National Guard
- ASA-M&RA ..... Assistant Secretary of the Army, Manpower and Reserve Affairs
- ASMB ..... Area Support Medical Battalion
- C<sup>2</sup> ..... Command and Control
- CBHCI ..... Community Based Health Care Initiative
- CAR ..... Chief, Army Reserve
- CBHCO ..... Community Based Health Care Organization
- CBRNE ..... Chemical, Biological, Radiological, Nuclear, and High Yield Explosives

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CIP ..... Critical Infrastructure Protection  
CNBG ..... Chief, National Guard Bureau  
CONUS ..... Continental U.S.  
COTTAD ..... Continental US (CONUS) Temporary Tour of Active Duty  
CSH..... Combat Support Hospital  
DA ..... Department of the Army  
DAT ..... Deployment Assistance Teams  
DCS..... Deployment Cycle Support  
DHP ..... Defense Health Program  
DOD ..... Department of Defense  
DUIC ..... Derivative Unit Identification Code  
DVA..... Department of Veterans Affairs  
EOC ..... Emergency Operations Center  
FORMDEPS ..... FORSCOM Mobilization and Deployment System  
FORSCOM..... U.S. Army Forces Command  
GCCS..... Global Command and Control  
GWOT ..... Global War on Terrorism  
HP&S ..... Health Policy and Services  
HQ..... Headquarters  
HQDA..... Headquarters Department of the Army  
HRC ..... Human Resource Command  
IMA..... Installation Management Agency  
IMSA ..... Installation Medical Support Activity

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INCAP ..... Incapacitation Pay  
JFHQ ..... Joint Forces Headquarters  
KFOR ..... Kosovo Force  
LOD ..... Line of Duty  
MACA ..... Military Assistance to Civilian Authorities  
MEB ..... Medical Evaluation Board  
MEDCOM ..... U.S. Army Medical Command  
MEDPROS ..... Medical Protection System  
MES ..... Medical Equipment Sets  
MH ..... Medical Hold  
MHO ..... Medical Holdover  
MILPER ..... Military Personnel  
MODS ..... Medical Operational Data System  
MOS ..... Military Occupational Specialty  
MSCA ..... Military Support to Civilian Authorities  
MSU ..... Medical Support Unit  
MTF ..... Medical Treatment Facility  
NET ..... New Equipment Training  
NGB ..... National Guard Bureau  
OEF ..... Operation Enduring Freedom 5  
OIF ..... Operation Iraqi Freedom 2  
OPORD ..... Operations Order  
OPS ..... Operations

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OTSG ..... Office of the Surgeon General  
PA ..... Physician Assistant  
PAG..... Public Affairs Guidance  
PDES ..... Physical Disability Evaluation System  
PDHA ..... Post Deployment Health Assessment  
PEBLO ..... Physical Evaluation Board Liaison Officer  
POI..... Program of Instruction  
PPG..... Personnel Policy Guidance  
PPP ..... Power Projection Platform  
PROFIS..... Professional Filler System  
PSP ..... Power Support Platform  
QA..... Quality Assurance  
RAM CELL ..... Reserve Augmentee Mobilization Cell  
RC..... Reserve Components  
REFRAD ..... Release from Active Duty  
RMC ..... Regional Medical Command  
RRC ..... Army Reserve Readiness Command  
SBE ..... Stay Behind Equipment  
SECDEF..... Secretary of Defense  
SFOR ..... Serbian Force  
SRP..... Soldier Readiness Processing  
TAG..... The Adjutant General  
TMA..... TRICARE Management Activity

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TPFDD ..... Time Phased Force Development Data  
TSG ..... The Surgeon General  
UA ..... Unit Assemblage  
USAMMA ..... U.S. Army Medical Materiel Agency  
USAMRMC ..... U.S. Army Medical Research and Materiel Command  
USAR ..... U.S. Army Reserve  
USARC ..... U.S. Army Reserve Command

## DEFINITIONS

Medical Holdover (MHO). A reserve component (RC) service member, pre-deployment or post-deployment, separated from his/her unit, in need of definitive medical care based on medical conditions identified while in an active duty (AD) status, in support of the Global War on Terrorism (GWOT). Soldiers whose mobilization orders have expired and were placed on active duty medical extension (ADME) are included in this population.

Medical Hold (MH). Refers to active or reserve component soldiers assigned or attached to military hospitals who are unable to perform even in a limited duty capacity in accordance with AR 40-400.

Direct Care System. Any medical treatment facility (MTF) assigned to any of the three services that is funded by the Defense Health Program (DHP).

TRICARE Network. The system of civilian health care providers identified, VIA contracts, as participating in the DHP for purchase care.

Community Based Health Care Initiative (CBHCI). CBHCI is the Army's overall initiative to allow, when it is appropriate, MHO soldiers to receive treatment and recuperate at or near their homes using locally available health care options (Army MTF, Sister Service MTF, Department of Veterans Affairs Hospitals, civilian health care providers).

Active Duty Medical Extension (ADME). A status of RC soldiers, who have been determined to be unable to perform normal military duties in their MOS/AOC by a military medical authority (to include soldiers on temporary profiles) and are retained on active duty following demobilization, subject to their consent and HQDA approval, pending resolution of their medical condition or completion by the Physical Disability Evaluation System (PDES).

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ANNEX Z (DISTRIBUTION) TO MEDCOM REDEPLOYMENT/DEMOBILIZATION  
PLAN (U)

1. Purpose. To provide a distribution list for this plan.